ASHLAND HEALTH/REHABILITATION CENTER

1319 BEASER AVENUE

ASHLAND 54806 Phone: (715) 682-3468	}	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	99	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	117	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	78	Average Daily Census:	76

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03)				
Home Health Care	No	 Primary Diagnosis	용	Age Groups	용	Less Than 1 Year	24.4
Supp. Home Care-Personal Care	No					1 - 4 Years	29.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.8	More Than 4 Years	17.9
Day Services	No	Mental Illness (Org./Psy)	10.3	65 - 74	9.0		
Respite Care	No	Mental Illness (Other)	1.3	75 - 84	21.8		71.8
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.1	95 & Over	11.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.6			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	14.1		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	15.4	65 & Over	96.2		
Transportation	No	Cerebrovascular	6.4			RNs	11.1
Referral Service	No	Diabetes	3.8	Gender	용	LPNs	12.7
Other Services	Yes	Respiratory	6.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	34.6	Male	32.1	Aides, & Orderlies	42.5
Mentally Ill	No			Female	67.9		
Provide Day Programming for			100.0			1	
Developmentally Disabled	No				100.0	1	
Provide Day Programming for		 - 		•		i	

Method of Reimbursement

		edicare			Medicaid Sitle 19			Other			Private Pay			amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	1	1.8	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Skilled Care	13	100.0	331	56	98.2	107	0	0.0	0	6	100.0	146	0	0.0	0	2	100.0	146	77	98.7
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		57	100.0		0	0.0		6	100.0		0	0.0		2	100.0		78	100.0

ASHLAND HEALTH/REHABILITATION CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/03
Deaths During Reporting Period							
					% Needing		Total
ercent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	5.1		80.8	14.1	78
Other Nursing Homes	3.7	Dressing	9.0		76.9	14.1	78
Acute Care Hospitals	86.9	Transferring	9.0		71.8	19.2	78
Psych. HospMR/DD Facilities	0.5	Toilet Use	9.0		71.8	19.2	78
Rehabilitation Hospitals	0.0	Eating	73.1		3.8	23.1	78
Other Locations	0.0 *	*****	******	*****	* * * * * * * * * * * * * * * * * *	******	*****
otal Number of Admissions	191	Continence		용	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	6.4	Receiving Resp	iratory Care	3.8
Private Home/No Home Health	26.6	Occ/Freq. Incontine	nt of Bladder	42.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	19.0	Occ/Freq. Incontine	nt of Bowel	51.3	Receiving Suct	ioning	0.0
Other Nursing Homes	8.2				Receiving Osto	my Care	1.3
Acute Care Hospitals	19.6	Mobility			Receiving Tube	Feeding	1.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 29.5
Rehabilitation Hospitals	0.0						
Other Locations	4.3	Skin Care			Other Resident C	haracteristics	
Deaths	22.3	With Pressure Sores		7.7	Have Advance D	irectives	100.0
otal Number of Discharges	i	With Rashes		5.1	Medications		
(Including Deaths)	184 i				Receiving Psyc	hoactive Drugs	61.5

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

******	*****	*****	*****	*****	*****	*****	*****	*****
	Ownership:							
This	Pro	prietary	100	-199	Ski	lled	Al	1
Facility	Peer Group		Peer	Group	Peer	Group	Facilities	
%	%	Ratio	엉	Ratio	앙	Ratio	엉	Ratio
65.0	80.8	0.80	84.0	0.77	84.0	0.77	87.4	0.74
67.9	73.7	0.92	80.7	0.84	76.2	0.89	76.7	0.89
13.1	19.8	0.66	21.5	0.61	22.2	0.59	19.6	0.67
251.3	137.9	1.82	135.6	1.85	122.3	2.05	141.3	1.78
242.1	138.0	1.75	137.2	1.76	124.3	1.95	142.5	1.70
110.5	62.1	1.78	62.4	1.77	53.4	2.07	61.6	1.79
100	94.4	1.06	94.8	1.05	94.8	1.05	88.1	1.14
96.2	94.8	1.01	94.5	1.02	93.5	1.03	87.8	1.10
73.1	72.0	1.01	71.9	1.02	69.5	1.05	65.9	1.11
7.7	17.7	0.44	17.4	0.44	19.4	0.40	21.0	0.37
0.0	0.8	0.00	0.6	0.00	0.6	0.00	6.5	0.00
11.5	31.0	0.37	31.8	0.36	36.5	0.32	33.6	0.34
34.6	20.9	1.66	21.1	1.64	18.8	1.84	20.6	1.68
48.7	45.3	1.07	47.6	1.02	46.9	1.04	49.4	0.99
61.5	56.0	1.10	57.6	1.07	58.4	1.05	57.4	1.07
6.1	7.2	0.84	7.8	0.78	7.2	0.85	7.3	0.83
	65.0 67.9 13.1 251.3 242.1 110.5 100 96.2 73.1 7.7 0.0 11.5 34.6 48.7 61.5	This Pro Facility Peer % Peer	This Proprietary Facility Peer Group Ratio 65.0 80.8 0.80 67.9 73.7 0.92 13.1 19.8 0.66 251.3 137.9 1.82 242.1 138.0 1.75 110.5 62.1 1.78 100 94.4 1.06 96.2 94.8 1.01 73.1 72.0 1.01 7.7 17.7 0.44 0.0 0.8 0.00 11.5 31.0 0.37 34.6 20.9 1.66 48.7 45.3 1.07 61.5 56.0 1.10	This Proprietary 100 Facility Peer Group Ratio Ratio Peer Ratio Peer Group Ratio Rat	This Proprietary 100-199 Facility Peer Group % Ratio % Ratio 65.0 80.8 0.80 84.0 0.77 67.9 73.7 0.92 80.7 0.84 13.1 19.8 0.66 21.5 0.61 251.3 137.9 1.82 135.6 1.85 242.1 138.0 1.75 137.2 1.76 110.5 62.1 1.78 62.4 1.77 100 94.4 1.06 94.8 1.05 96.2 94.8 1.01 94.5 1.02 73.1 72.0 1.01 71.9 1.02 7.7 17.7 0.44 17.4 0.44 0.0 0.8 0.00 0.6 0.00 11.5 31.0 0.37 31.8 0.36 34.6 20.9 1.66 21.1 1.64 48.7 45.3 1.07 47.6 1.02 61.5 56.0 1.10 57.6 1.07	This Proprietary 100-199 Ski Facility Peer Group Peer Group Ratio % Ratio % 65.0 80.8 0.80 84.0 0.77 84.0 67.9 73.7 0.92 80.7 0.84 76.2 13.1 19.8 0.66 21.5 0.61 22.2 251.3 137.9 1.82 135.6 1.85 122.3 242.1 138.0 1.75 137.2 1.76 124.3 110.5 62.1 1.78 62.4 1.77 53.4 100 94.4 1.06 94.8 1.05 94.8 96.2 94.8 1.01 94.5 1.02 93.5 73.1 72.0 1.01 71.9 1.02 69.5 7.7 17.7 0.44 17.4 0.44 19.4 0.0 0.8 0.00 0.6 0.00 0.6 11.5 31.0 0.37 31.8 0.36 36.5 34.6 20.9 1.66 21.1 1.64 18.8 48.7 45.3 1.07 47.6 1.02 46.9 61.5 56.0 1.10 57.6 1.07 58.4	This Proprietary 100-199 Skilled Peer Group % Ratio %	This Proprietary 100-199 Skilled All Facility Peer Group Peer Group Peer Group Ratio